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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-RAL DIRECTOR.

R YOUR FILES.

H IN 72 HOURS

RETON STREET, Evelyn M. DEATH MATED Bower 009 1983 3. SEX 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 1009 83 12 13 Female White 10 10 DEAD BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED DE NEVER MARRIED FOREIGN COUNTRY USA Pa. WIDOWED DIVORCED CATY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Garrett Co. Mem. Hospital OR INDUSTRY (DOA) Machine Operator Oakland Groserv WALRESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL BALTIMORE, MD. 21201 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Pa. Somerset Addison YES X NO [FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Moorhead Hattie James Ramsev 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO. ADDRESS (IF YES, GIVE WAR OR DATES) Mr. Roy Bower, Box 101, Addison, Pa. No 167-01-4795 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, D ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (Coronary artery disease Years DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis, generalized Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION Chronic obstructive pulmonary disease 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a DATE OF OPERATION 28 AUTOPSY? E DEPARTMENT OF ICATE, WRITING THE WORL FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U YES [] NO L 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION TO MEDICAL EXAMINER: THIS CEF EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3' AFTER DEATH, WITH THE STATE DE BARLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inquiry X 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection 12 and in my apinian death resulted from: Accident Suicide Hamicide Natural causes Undetermined manner TITLE (SPECIFY) DATE 12-7-1983 MEDICAL EXAMINER EXAMINER'S NAME Jr., M. D. ADDRESSLO7 S. 2nd. St., Oakland, Md. 21550 Feaster. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 12/10/83 Addison Cemetery Addison Somerset 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** MAME (VR A15 ME (5)) 20M 4/82

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STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO		333	67
1. DE	CEASED NAME	FIRST		MIDDLE	ı	AST	20.	DATE OF DEATH M	ONTH	DAY YEAR	26. HOUR
[I YPI	E OR PRINT) Edi	ith	M		CORLE	TY		December	22	. 1983	9:10a M
3. SE	х		4 RACE		5. DATE C			AGE (IN YEARS LAST BIRTH	DAY)	# UNDER 1 YEAR	IF UNDER 24 HRS
a	Female		White		June	28, 1921		62	YRS.	MONTHS DAYS	HOURS MIN.
	INTHPLACE (STATE OR	FOREIGN	16. CITIZEN OF	WHAT COUNTRY	Y? 8.	D NEVER MARRIED	X 9 E	BALTIMORE CITY OR	COUNT	Y OF DEATH	
	WV		US	H	WIDOWE		1-1	Garrett			MD.
Th C	Ools land	9-16-1	(IF NOT IN SUC	H FACILITY, GIVE STRE	EET ADDRESS)	OR OTHER INSTITUTION	(7)	USUAL OCCUPATION APE OF WORK FOR MOST OF	WORKING L		F BUSINESS OR
esu	Oakland AL RESIDENCE (IF NUR					al Hospita		Teache	15	/2/	11711
13e.	STATE	PRT	ston	13c CITY OR TO	Alta	YES X NO		STREET ADDRESS / Hopemont			23 9
14. E	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE		LAS	
	George	Washi	ngton	Corley		Ollie	M.	Goodwin		143	
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		who ADDRES	20 P	enrose	Ct.
	No	[R TES, GIV	E WAR ON DATES)			William C	corle				035
	18 CAUSE OF DEAT			line far (a), (b),	and (c).1	. 1	11	~/		BETWEEN	MATE INTERVAL
	PART I. DEATH V		D BY: E CAUSE (a)	Condi	مسا	rivatory	11	rest.			
	1771		DUE TO O	R AS A CONSEQ	LIENCE OF				-		5 - 3
	Canditians, if any	, which	(b)_	Bul	man	an insuf	le	cieva			
	gave rise to im cause (a), stati		DUETO	R AS A CONSEC	LIENCE OF	/					
	underlying couse	e last.	(0)/	robal	le 1	letastalis	¿ Ca	Ceminal	nou	roma	
	PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE T	TERMINA	L DISEASE OR COND	TION GI	VEN IN PART 10	
Š.											
CERTIFICATION	190 DATE OF OPERA	TION	196 COND	TION FOR WHIC	CH OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED
TE			0.8316					YES NO		ES []	NO [
E	210 ACCIDENT WAS UN		110110 1		DAY YEAR	21c HOW INJURY OC	CURRED	(ENTER NATURE OF INJURY	IN ITEM 18	PART I OR PART 2}	
¥	OR CONTRIBUTING [110		DAT TEAR						
WEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		211. LOCATION		CITY OR 10W		COUNTY	STATE
×	WHILE NOT W	HILE DRK	(AT HOME, ST	REET, FACTORY, OFFIC	E, FARM, ETC.)	SINCE		CITTORTOW		COUNT	STATE
	220.1 certify that (I) (this haspit	tal) attended th	e deceased from	n	, 19		, to		. 19	that (I) (we) last
	saw the decease	sed alive an	I view the body	after death.	, ar	nd that in (my) (aur) api	inian deat	th occurred an the dat	e and ha	ui and fram the i	causes stated
	77% SIGNATURE			1		DEGREE		E 350 C		22c. DATE	SIGNED
	160	-	- //	200	-5.	ATTENDIN PHYSICIA		MEDICAL STAFF		S. N. S.	
	224. PHOSICIAN'S N	AME (ITH O	1118	TO COMPANY	13 77 79	22e ADDRESS	nnnot	t County M	Iomos	niol Hoo	mital
	Roger	Lewi	s, M.D.			Os.	aklan	d. Marylar	remon	21550	brtar
23a.	BURIAL, CREMATION	, REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CREMATO		23d. LOCATION			
	Burial	.1	12-27	7-1983	Heav	ner.	1/4	Buckh	-	. "Upsh	ur WV

DHMH - 16 50M 4/83 (VRA 15, 4)

Buckh Upshur

256. DATE REC'D. BY REGISTRAR BY STANOSIC SURFLE

JANO 3 1984

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR

STATE
REGISTRAR CERTIFICATE OF DEATH

REGISTRAR				REG. P	NO.	
1. DECEASED NAME (TYPE OR PRINT)	L.		DALL'ES	2a. DATE OF DEATH	MONTH DAY YEAR PEAR PEAR PEAR PEAR PEAR PEAR PEAR P	26 HOUR
3. SEX	4. RACE		E OF BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY) IF UNDER 1 YEA	AR IF UNDER 24 HRS
Female	White	Mav	22. 1906	77	YRS.	S HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY? 8.	RIED NEVER MARRIED		OR COUNTY OF DEATH	
Unknown	USA		WED NEVER MARKIED	Garrett		MD.
10. CITY OR TOWN OF DEATH		SPITAL, NURSING HOM	E OR OTHER INSTITUTION	128 USUAL OCCUPAT		OF BUSINESS OR
Oakland	Garrett C	County Memor	rial Hospital	Housekeep		ekeeping
USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. COU	VTY 13c	e residence before admissio i. CITY OR TOWN Dakland	13d. INSIDE CITY LIMITS? YES NO	7th & Ald	er Streets	550
14. FATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN NA.	ME		AST
		zenbaker			Kenne	el
	VE WAR OR DATES)	SOCIAL SECURITY NO		ADD	Oakland, M	Maryland
No		220-10-4259	Patient Recor	rds - Cuppe		
PART I. DEATH WAS CAUSE	nly one cause per line ED BY:		D To Pour		BETYPE	NONSET AND DEATH
IMMEDIA	TE CAUSE (a)	Cerepena	e difanci.		M	•
Canditians, if any, which	DUE TO, OR A	LING DENCE OF	// / A . //		la	,
gave rise to immediate couse (o), stating the	(b)	S CONSEQUENCE OF	_ ^			
underlying couse lost.	DOE TO, OR AS	HINCHIOSC	Penovic CV I	Disease	y,	
	CONDITIONS CONT	RIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVEN IN PART	110
Į į						
19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	196. CONDITIO	N FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
E E	2 24 7445 05 15	111100		YES NO X	YES 🗌	NO 🗌
OR CONTRIBUTING CAUSE OF DE	216. TIME OF IN HOUR A.M.	MONTH DAY YEA	AR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PART 1 OR PART 2)	
(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M.) i	211. LOCATION			
AT WORK AT WORK	(AT HOME, STREET,	FACTORY, OFFICE, FARM ETC.)		CITY OR T	OWN COUNTY	STATE
220.1 certify that (I) (this hasp saw the deceased al	ital) attended the d	ecosed from	ay 19.8%	, ta	1900	., that (I) (we) lost
above, (I) (we) (did) (did no	view the body ofte	er death.	and that in (my) (aur) opinion	death occurred on the a		
THE STOTATORE	Gran	Am	ATTENDING PHYSICIAN	MEDICAL STA	AFF	221.83
724 PHYSICIAN'S NAME (THE	1		22e ADDRESS	JINECTON LI FITTIST		~
B.L. Grant, M	A.D.		Oakland, Ma	aryland 21	550	
23a BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	F CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

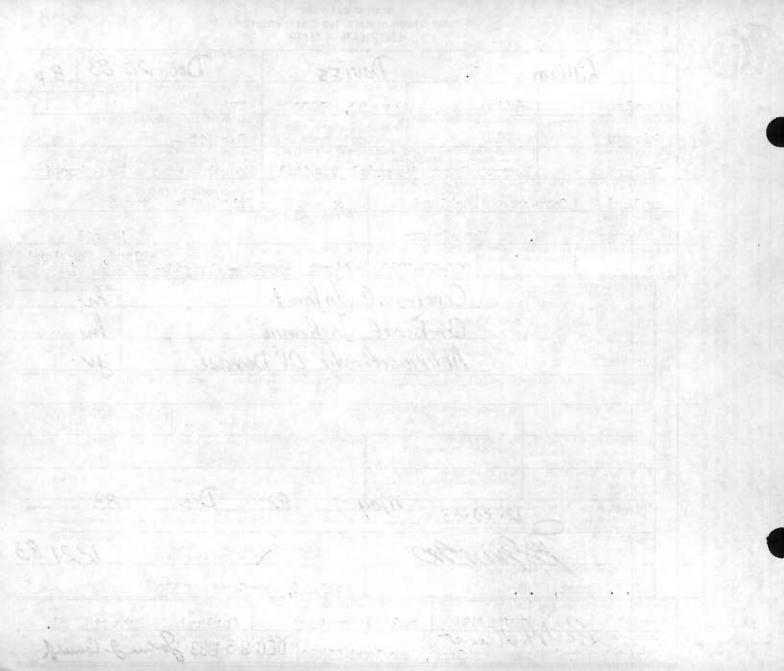
Oakland Cemetery

y Oakland Garrett I

250. Date recd. By registran as hegistran's signature

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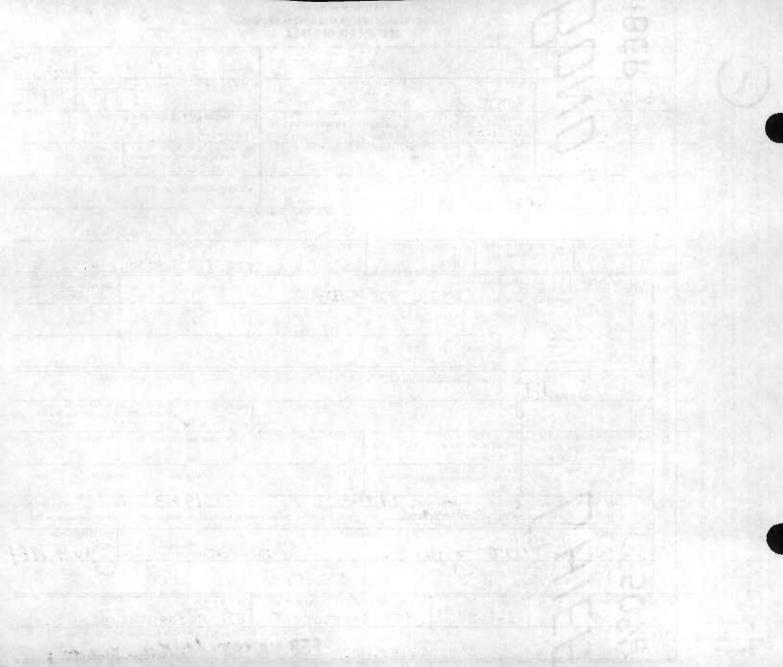
24 FUNERAL DIRECTOR DUTY, O Durst Funeral Home Oakland, Maryland 21550



RI	1	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 S	3 3 3	6 9
		ECEASED NAME FIRST	NITV'I	MIDDLE	L	AST	2a. DATE OF DEATH	MONTH DAY YEA	2b. HOUR
be 3		Perry	В	rooks	FAU	LKNER	December 14		330P M
E o o	3. SI	EX	4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
ge 4		White	Whi	te	Janu		43	YRS.	
Should dir	7a. 8	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	Н
death 7	1	Maryland	US		WIDOWE	D DIVORCED [□ Garrett		MD.
1 2 EX	10.	CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUST	ID OF BUSINESS OR TRY
5 2 2 2	1	0ak1and		t Co. Mem		Hospital	Sea Bees	U.S	• Navy
12 de la bour	13a.	JAL RESIDENCE (IF NURSING HOM STATE 136 CC	E OR OTHER INSTITUTION DUNTY	13t. CITY OR TOW	/N	13d. INSIDE CITY LIMITS?			
AN COLUMN			arrett	Deer P	ark	YES NO X	Route #4.	Box 59	21550
With with d 2 s	14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN I	MIDDLE		LAST
omploud of the		Joe		Faulkn		Vivian	Delores		lt
opes dico	16a.	(YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	166 SOCIAL SECT		17 INFORMANT	ADDRE		
De exe			58-71	216-38-		Mrs. Judith	A. Faulkner		
ST., BAL ertificate g physici canpaper remaval.		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	r only one cause pe USED BY: DIATE CAUSE (a)	r line for (a) (b), or	Dev C	Via Pa	dre	BETW	PROXIMATE INTERVAL
death ce attending attending action, are raumatic		Canditions, if any, which	DUE TO, C	OR AS A CONSEQU	ENDE DE	HD			105
by the cose remote it, crematically crematically and the cost of t	1	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, C	DR AS A CONSEOU	ENCE OF	shelsel	nerv+ dy	em	yrs
RDS, 20 equires t a signed Then ple to burio	NO	PART 2. OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR COND	DITION GIVEN IN PAR	ТЛа
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rattending physician on campletely filled in by strentiscate has been signed by the attending physician and campletely filled in by as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be fill than Amental Hygiege prior to burial, cremation, or removal.	CERTIFICATION	190 DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED JSES OF DEATH? NO
NITAL	H. H.	71a. ACCIDENT WAS UNDERLYING	110110 4		AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OR PART	[2]
SICIA Ng pl right rental	N N	OR CONTRIBUTING CAUSE OF	DEATH	.M.	19				
DING PHYSICIAN: or ottending phys After this sertificate as as the burial-tron oith and Mental Hy marked On Hen TR	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	FARM FIC I	211 LOCATION STREET	CITY OR TOV	wn COUNTY	Y STATE
orte of the hon	>	AT WORK NOT WHILE				LES DE CES		100	Charte Liller
TTEND pitol o priol o for use of Heal		saw the deceased alive above, (1) (we) (did) (dig	on Der	14 19	31	nd that in (my) (aux) opinio	on death accurred on the do	ate and hour and from	the causes stated
At OR A the hos At DIRECted detached or Dept.		22b. SIGNATURE	l.l.			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _ />	ATE SIGNED
HOSPITAL ined by th FUNERAL build be det to the Stote	7	224 PHYSICIAN'S NAME IN	PE OR PRINT)			22e ADDRESS			
TO HOSPITA retained by TO FUNERA should be de with the Stat	230	Dr. Thomas			NAME OF C	311 N. Fou	rth St., Oak	land, Md.	21550
BP_	230.	(SPECIFY) burial	12/17				CITY OR TOWN	COUNTY	STATE
	24.	FUNERAL DIRECTOR	1 14/1/	700 jua	11666		rdens Oakland		
DHMH - 16 50M 4/83 (VRA 15, 4)	В	radiey A. Stew	art Oakla	and, Mary	land	21550 D	EC 281983	John go!	Cowief !

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTH DAY YEAR TYPE OR PRINT) BIRD DECEMBER 3 SEX 4. RACE 5. DATE OF BIRTH 9 ONTH TIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR DAYS YEAR WHITE FEMALE TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA W. Va WIDOWED DIVORCED [Garrett O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Main St. Kitzmiller Housewife USUAL RESIDENCE 11 NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE W. Va Minera. Elk Garden NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDU Nethken John Wiseman Ann 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17. INFORMANT LIF YES, GIVE WAR OR DATES! Winona Sowers Elk Garden, W. Va NO UNK APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IU YEARS CARDIAC DECOMPENSATION DUE TO, OR AS A CONSEQUENCE OF Conditions. if ony, which gove rise to immediate couse lol, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 19a DATE OF OPERATION 46 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21L LOCATION 21e. PLACE OF INJURY COUNTY CITY OF TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 22a.1 certify that (I) (this haspital) mended the decessed from sow the deceased alive on a Sur moules and that in (my) (our) apinion death occurred on the date and hour and from the causes stated (did not) view the body after death obove, (I) (wetted DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 72e. ADDRESS OAKLAND, MARYLAND 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE Burial CITY OR TOWN -2 - 84IOOF Cemetery Garden Mineral 24 FUNERAL DIRECTOR BY REGISTRARI256 REGISTRAR'S SIGNATURE 25g, DATE REC'D DHMH - 16 50M 4/83 Kitzmiller, Ma. (VRA 15, 4) David A. Burdack



92

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST . DECEASED NAME 76 DATE OF DEATH MONTH 7b. HOUR TYPE OR PRINTS GRIFFITH December 15. 335A 1983 Edward Larry 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH Male White 19. 1902 Sept. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Garrett West Virginia WIDOWED | DIVORCED | ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h, KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) 0akland Garrett County Memorial Hospital Mining Coal Miner USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 130. STATE 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 21550 0akland Rt. #2. Md Garrett NO K 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Griffith Alice Taylor Herry Elmer _UCV 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) Yes 232-10-8113 Mrs. Sylvia Stemple, Oakland, Md. 21550 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE 101 rdiokeral desease Conditions, if ony, which gove rise to immediate couse (a), stating underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO I 216. TIME OF INJURY 710. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 71d. INJURY OCCURRED 71e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this toposon oftended the deceased from. sow the deceased alive on 15 DEC and that in (my) (A) opinion death occurred on the date and hour and from the causes stated obove, (1) (did) () (did) () view the body ofter death 22% SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT:

should be

73a. BURIAL CREMATION, REMOVAL 73b. DATE burial

Dr. A. E. Mance, MD

23c NAME OF CEMETERY OR CREMATORY

Third Street, Oakland, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23d LOCATION

Gneav Church Cemetery Oakland

Garrett

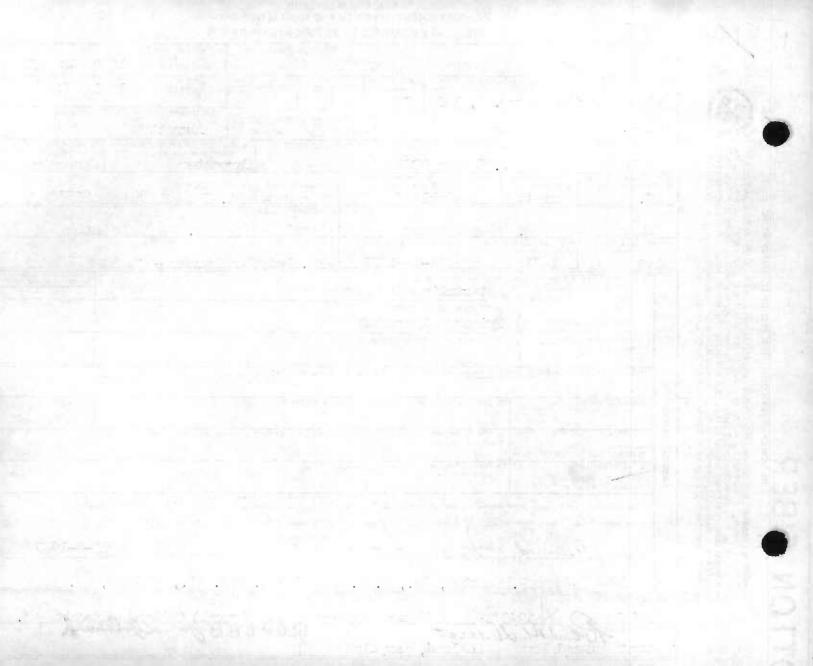
24 FUNERAL DIRECTOR

Bradley A. Stewart

Oakland, Maryland 21550 FG 2 8 tops

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V	V		REGISTRAR		ME		EXAMINE	R'S CE	ERTIFIC	CATE OF	DEATH	REC	G. NO.		100	
1	1.		PECEASED NAA	AE FIRST		MIDDLE		LA	AST			OF ESTI-	_			2b. HOUR
	Design.			Paul	Rot	th		AUSER				EATH MATE			8,3	2P _M
	SE FOR	3. 5	EX	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)			IF UNDER 2		DATE	12		83	2d HOUR
876	GARY		lale	White	Aug. 4,	1920	63 YRS					DEAD			19	M
	S. Land	1	BIRTHPLACE FOREIGN COUNTRY)	76. CITIZEN OF W	HAT COUN	TRY?	MARRIE	D X NE	VER MARRIEI		ALTIMORE CI		NIY OF	DEATH	
•	ZZO		laryland		USA			WIDOWE	-	DIVORCE		Garret		1125 V	IND OF BU	MD.
	SHOPE STATE	1	CITY OR TOWN		11. NAME OF HOS	ACILITY, GIVE S	TREET ADDRESS)	OK OTHE	RINSTITU		FOR MOST	OF WORKING LIFE			OR INDUST	SY.
	ADA WOO	1/2	Oakland		Rt. 2	Box 2					Carper	iter		Ca	rpent	ry
192	SALAS SALAS		STATE	13b. COU	NTY	13€. CITY	OR TOWN				13e STREET A		0004		1550	
0.31	A PASSE	1	Md.	Garr	ett	10ak	Land		YES .	NO W	Rt. 2	BOX	209A		1550	
W	#-180X	2	FATHER'S NAM	16	MIDDLE		LAST	1	FI	ER'S MAIDEN	NAME	MIDDLE		D .	LAST	
ORE	S S S S	160	Homer	ED EVER IN U.S. A	B.	Haus	Ser	NO. 1	Haze 7. INFORM			P. ADD	RESS	Rot	<u>n</u>	
MI	S AFTER DE GIVE PAGE TITH FORM PAGES 1 M	/	(YES, NO, OR UNK	OWN) (IF YES, GI	E WAR OR DATES)				Mana	T)/ TT-		como	20	19	
1		=	Yes	OF DEATH (Fotor o	only one couse per line		-14-1477		Wrs.	Lucy	мае на	user -	- Same		APPROXIMATI	INTERVAL
15	24 HOU ITEM 18 LONG PERWIT SIENE VA			EATH WAS CAUS	ED BY: Metas		carcin	oma							2 yea	
IO.	NO NO NA SONA		18.	50 IMMEDI	MIL CHOOL (G)		NSEQUENCE OF									
PRESTONST	THIN SIL IN ANSIT ANSIT REMO			ons, if ony, which	h Prima	ry of	prosta	te							11	
3	OR TREE		couse (o) stoting the unde		ASACON	SEQUENCE OF									
. 201	SE S		lying co	ouse last.	(c)		1 12									
RECORDS	JID BE EXECUTED WITHIN 24 HOUS "PENDING" IN PENCIL IN ITEM 18. F MEDICAL EXAMINER ALONG ED AS A BURIAL-RANSIT PERM HEATH AND MENTAL HYGIENE L. CREMATION, OR REMOVA.	2		SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RELA	ITED TO THE TERMIN	AL DISEASE (OR CONDITION	N GIVEN IN PART	1 (a).					
	PENDI PENDI D AS A HEALTH	NO ESTABLISHED	190. DATE C	F OPERATION	19b CONDI	TION FOR	WHICH OPERA	TIONWA	S PERFOR	MED?				20	AUTOPSY	,
VITAL	Z _ W / Z Q	4													YES 🗆	NOX
OF V	WO WE CAN THE		210 EXTERN	IAL CAUSE WAS	216. TIME O	F INJURY	DAY YEAR	21c. HO	W INJURY	OCCURRED	LENIER NATUR	E OF INJURY IN IT	EM 18 PART 1 OR	PART 2]		
	SH COM	2 3		IG UOR TING CAUSE O			19									
DIVISION	HIS CERTIFICATE SHO WRITING THE WORD VARCED TO THE CHI AGE 3 SHOULD BE US ATE DEPARTMENT OF	To State	21d INJURY	OCCURRED	21e PLACE STREEL, FAC	OF INJURY		21f. LOC	ATION REE1		CITI	Y OR TOWN		COUNTY		STATE
0	R. THIS CHENCE TE, WRITH REWARDE IS PAGE 3	1	AT WORK	NOT WHILE	U											
			22a I cer	tify that took cho	rge of the remains de	scribed ob	ove, held op	Autopsy		Inspection	X. In	quiry X	ond in my	opinion		
	N SE RESTAN		death resu	Ited from: Not	tural couses X	Accident	. Svici	de 🔲,	Homic	cide ,	Undetermin	ned manner	.			
	EXAMINER: 1 ECERTIFICATE, NUID BE FORV L DIRECTOR: F WITH THE SI	1	ACTUAL	10	, 1		V	7	TITLE (S				DA	เรีย	200	9
-	SESET.	1	SIGNATUR	Hon	111		1	M.D	DEPU	311	MEDICAL	EXAMINER	SIG	NED.	3-198	3
	TO MEDICAL ED EXECUTE THE CI PACE 4 SHOUL TO KUNERAL D AFTER DEATH, V BATTEROPE, M	4	EXAMINER!		s H. Feast	er,	Jr., M.	D. A	DDRESS_	107 S.	2nd.	St., C	aklan	d, M	d.	
107	524542	230	BURIAL, CREM	ATION, REMOVAL	23b. DATE	23c. 1	NAME OF CEME	TERY OR	CREMATO	ORY	23d. LOCAT	ION	C	OUNTY	5	ATE
	BP		Burial	0	12/6/83		Cexas Ce	mete	ry		(rura	1YOak	land	Gar	cett	Md.
	DHMH - 17	24	FUNERAL DIRE	Mount	M DUM	est			Ч	E DAVE	2000	Comme		andribe	1	3
	(VR A15 ME (5)) 20M 4/82	L	Durst	Funeral I	tome Oa	kland	, Marya	Ind_								

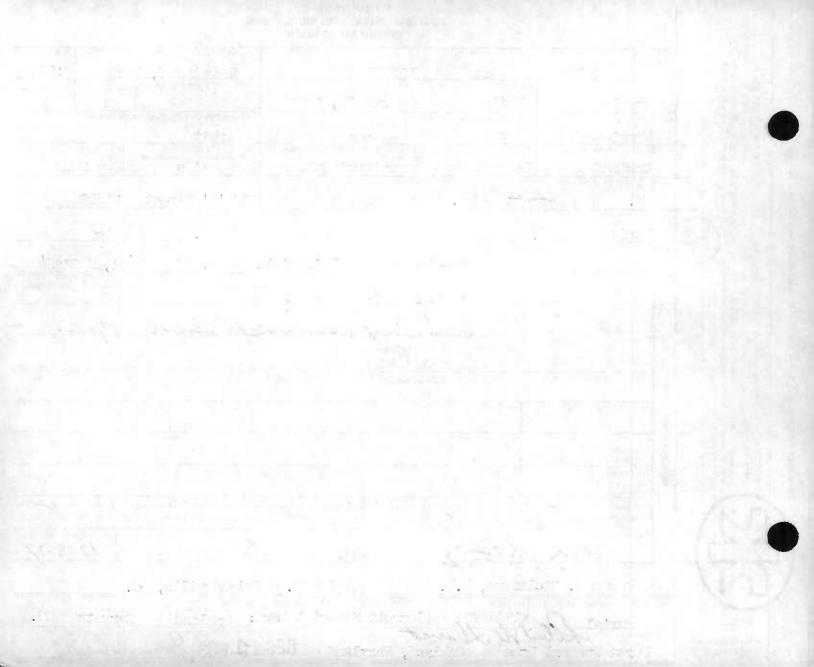


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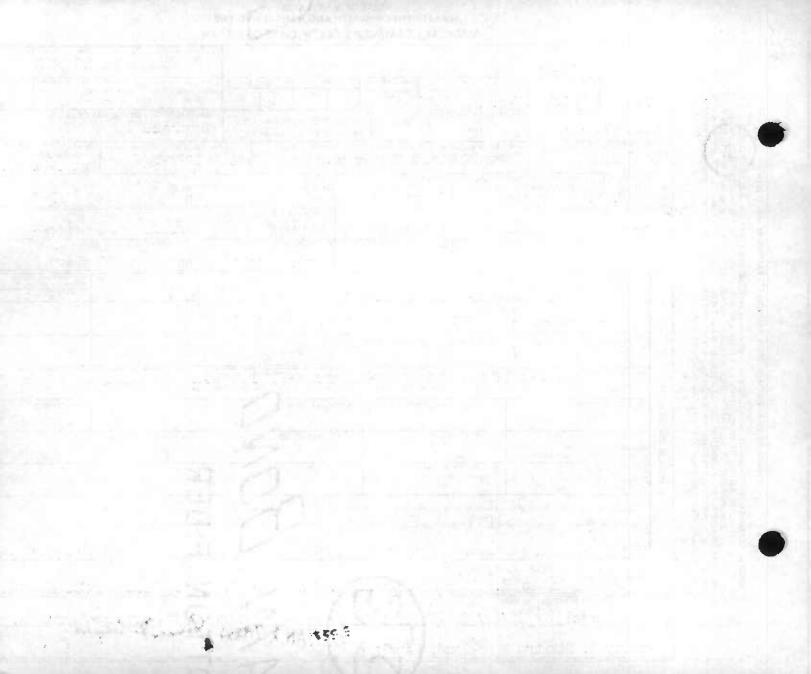
(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	t. Odiland, id	a but	· · · · · · · · · · · · · · · · · · ·		
.sv. lansmin					
S. Carret	SE 2 3 9 3 3	• • •		WIEDL WALL	4



		FOR			PARTM		F MARYLA	ND SENTAL HYGI	:NE 3	3 3	7				
and t	1-	STATE REGISTRAR						ICATE OF DI		NO					
000		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE KNOWN	MONTH	DAY YEA	R 2b. HOUR			
A 448 E	(11)	E OR PRINT)	Okey		Reed	1	1ETHENY	1	OF ESTI- DEATH MATED	□ 12	26, 8	33 8P			
A STEED BY	3. SE	(4. RACE	5. DATE OF BIRTH		AGE (IN YEARS IF	UNDER 1 YR		S. 2c. DATE PRONOUNCED	MONTH	DAY YE	24. 11001			
ON STATE	LJ!	ale	White	Mar. 24,	1896	87 YRS.	DATS	HOURS MIN.	DEAD	12	26 19 8	33 837			
	a. B	RTHPLACE (ST	ATE OR	76. CITIZEN OF WE	AT COUNT	8 MA	ARRIED X N	EVER MARRIED	9 BALTIMORE CITY	_	Y OF DEATH				
1237002		est Vir		USA			OWED	DIVORCED [Garrett			MD			
(1)		akland		Denn'ett	PITAL, NURS	ING HOME, OR C	Nursi Nursi	ng Home	USUAL OCCUPATION (1 OR MOST OF WORKING LIFE)		OR INDU	STRY			
17599				OR OTHER INSTITUTION, GE	E RESIDENCE BE	FORE ADMISSION)			nachinisc	1130 Auto. Manu					
SELECTION OF SELEC	13a S	W.Va	Pre	eston	Terr	a Alta	13d INSIDE	(ITY LIMITS? 13e S	None	267.6					
A LANGE H	34 F	ATHER'S NAME		MIDDLE	LA	ST	15. MOTI	HER'S MAIDEN NA	ME MIDDLE		LAST				
A A GER OF		Emmanue				theny	L	.ieu			Hilli	ary			
BALTIMORE S. AFTER DES GIVE PAGE ITH FORM P PAGES LAN IVISION OB		ES, NO, OR UNKNO	EVER IN U.S. AF	E WAR OR DATES)		L SECURITY NO.	17. INFO		ADDRE						
		Yes	E DE ATIL (E	WW I		known)	Mrs	. Bessie	Metheny, S	ee #13					
NN ST., A HOU! EM 18. ONG W FENE, D AL.	3.1	PART I DE	ATH WAS CAUSE	nly one cause per line ED BY:			11.				BETWEEN ON	NATE INTERVAL			
TON TITEN ALON TIPER FGEN		414	D IMMEDIA	ATE CAUSE (a) CO	AS A CONS	y arter	y dis	ease			Yea	rs			
PRES CIL IN VER A ANSI	13		s, if any, which	Ar (b)	terio	scleros	sis, g	enerali	zed		11	1			
201 W. PRESTON: UTED WITHIN 24 H IN PENCIL IN 176M EXAMINER ALONG IAL-TRANSIT PER. OMENTAL HYGIEN ON, OR REMOVAL			stoting the under		AS A CONSI	QUENCE OF									
S, 20 S, 20 JR EX ND A TION				(c)											
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITING THE WORD, "PENDING" IN PENCIL IN ITEM 18, ROED TO THE CHIEF MEDICAL EXAMINER ALONG WET SHOULD BE USED AS A BURAL—TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DE 10 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIG	Chron:	CONTRIBUTING TO DEATH	OCTIV	e pulmo	nary	disease	with emp	hysen	na				
ZAL PER VILLE	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR W	HICH OPERATION	WAS PERFO	RMED?			20 AUTOP	SY?			
F VITAL RESHOULD WORD "PE E CHIEF NOT PE E CHIEF NOT PE HEL MORIAL."	E										YES [X ON			
CERTIFICATE SH CERTIFICATE SH DED TO THE CY DED TO THE CY SE 3 SHOULD BE USE SE 3 SHOULD BE USE SE STANOULD BE USE STANOULD BE USE ST		UNDERLYING	OR CAUSE OF		MONTH [AY YEAR	HOW INJUR	Y OCCURRED (ENT	ER NATURE OF INJURY IN ITEM	18 PART 1 OR PAR	17 2)				
ISIO TO TO THE PROPERTY OF THE PARTY OF THE	MEDICAL	ZId. INJURY O		Zie PLACE C			LOCATION					-			
DIVIS THIS GER E. WRITING RWARDED PAGE 3 SI STATE DEP STATE DE STATE	¥	WHILE AT WORK	NOT WHILE [STREET, FACT	ORY, FARM, ETC.		STREET	100	CITY OR TOWN	COU	NTY	STATE			
LE EXAMINER: TE CERTIFICATE, OULD BE FORW OULD BE FORW H, WITHE ST, MARYLAND, S, MA		22a. I certif	y that I took chor	ge of the remains des	ribed obove	held an Au	topsy .	Inspection X	Inquiry X,	and in my api	inion				
BE F THEO		death resulte	dyam: Natu	oral causes X,	Accident	, Suicide	, Ham	nicide . Unc	determined manner						
EX.		ACTUAL /	X	,) ,	1.	-0		(SPECIFY)		DATE					
SE STEEN	1	SIGNATURE_	com a		1		M.D.DEP	UTY	EDICAL EXAMINER	SIGNE	12-26	-1983			
MER DAY	1	EXAMINER'S I	Jame	es H. Fea	ster	Jr	MADDRES	107 C	2nd C+	00	1-1 am d	LM			
TO MEDICAL EXAMENE THE CERTIFICATION OF A SHOULD BY THE CHAIR ALL DIRE A SHOULD BY THE CERTIFICATION OF THE CERTIF	23a.B	URIAL, CREMAT	ION, REMOVAL			ME OF CEMETER		ORY 23d.	LOCATION	· · · · · ·	KLand	, Md.			
9499	(5	bu bu	rial	12/30/83	Ter	ra Alta	Cemete	ry Te	rracalta,	resto	, Wes	t Va.			
DHMH - 17	24. FI	NERAL DIRECT	TOR			4	-37/	NY THE	RECHARD DE EE	M-TRANSMI	ERWUNE				
(VR A15 ME (5)) 20M 4/82	В	radley	A. Stewa	irt Oakla	and, M	aryland	21550								

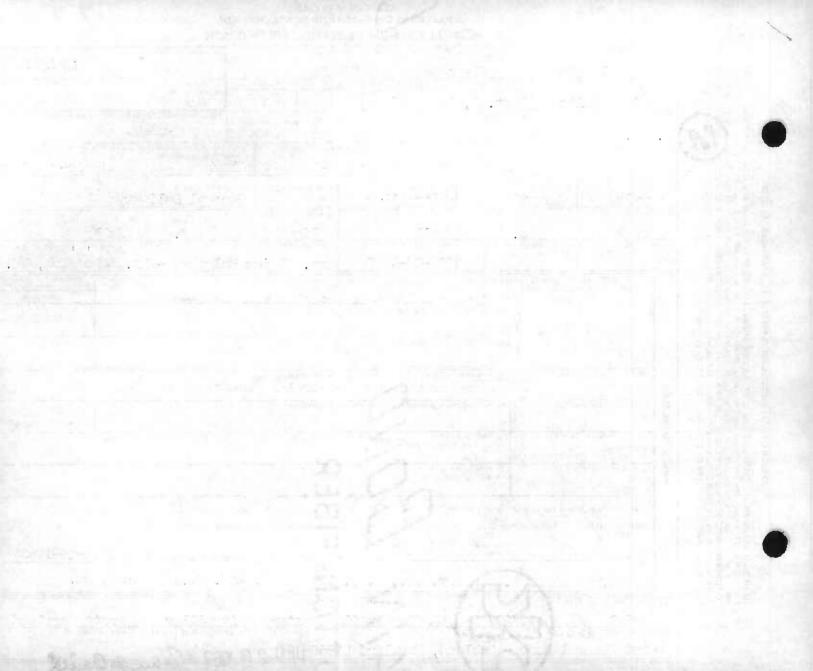


Item #8 Film #G589

STATE OF MARYLAND

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(1.	FOR STATE				DEPAR			MARYLA		GIEN	E	3	3	3	1	1			
4		REGISTRAR			M		LEXAM	NER'S	CERTIFI	CATE	F DEA	TH	REG.	NO.						
		CEASED NAM	E FIRST	1		MIDDLE			LAST		-	2a. DATE OF	KNOWN ESTI-	X MC	DNTH D	_		b. HOUR		
A SES. SE		B	lanche		Cl	ara		R	AFTER				MATED		12	16	83	240F		
KRY, PLEASE DIRECTOR. 172 HOURS	3. SE	male	White	٨	DATE OF BIRT	Y YEAR		HDAY) MOI	UNDER 1 YR.	IF UNDER	24 HRS.	2c. DATE PRONOUI DE AL	NCED	MO	12	1,6	YEAR 83	6P		
A VO	7h.B	RTHPLACE (S			Sept. 2			YRS.		11		9 BALTIN		Y OR CO		17		M		
925	W.	Va.			USA			WIDO	RRIED NE	DIVORO	ED 🗆		Garr	ett				MD		
DELAY IS TO THE IN PACE IN PACE IN PACE	y	or town	1	C	uppett	-Week	s Nurs	ing F		NOITU	Cle	IAL OCCU NOST OF WOI PK	PATION (TYPE OF W		OR IND	USTRY	Store		
ANN AND SEETAND SEETAN	113a. S	AL RESIDENCE STATE ryalnd	(IF IN NURSING HO			13c. C1	tzmil	1	13d. INSIDE	CITY LIMITS?	Gen	eet addri	Deli	very	21	21538				
MD. 42.25.25.32.32.32.32.32.32.32.32.32.32.32.32.32.	14. F.	ATHER'S NAME		M	IDDLE		LAST		15. MOTH	ER'S MAID	R'S MAIDEN NAME									
DEATH. MA PAN. A		Frank		J	J.	Be	11			zabet]	h		J.	A	Ashby	LAST 7				
SAFTER DEATH. IF GIVE PAGES 1, 2, 11H FORM PM 3: PAGES 1, AND 2 SH VISION OF VILLE	NC	ES, NO, OR UNKNO	D EVER IN U.S.		FORCES?		00 14-74		17. INFOR				ADDRE	SS Z	103	'D'		eet Md.		
HOURS M IB. G WIT PANIE, BIV. RMIT. P. NE, DIV. L. L.		18 CAUSE C	F DEATH (Enter	JSED BY	1:											APPROX	IMATE IN	-		
201 W. PRESTOP UTED WITHIN 24 IN DENCIL IN ITE EXAMINER ALO'R IAL - TRANSIT PEI D MENTAL HYGIE ON, OR REMOVA		gave ri couse (a lying cou	ns, if any, whose to immedi stating the <u>underselost.</u>	nich iate der-	(b) DUE TO, C	OR AS A CO	ONSEQUENC	E OF				astas	ses			3 \	yea	rs		
RECORDS, LD BE EXEC PENDING, MEDICAL O AS A BUER FEALTH AN	NO	PART 2 OTNER SI	GNIFICANT CONDITI	ONS CONT	ributing to DEA	scler	otic c	erminal oise cardic	ASE OR CONDITION	n given in Pa ular (disea	.se								
SHOULD ORD "PEE ORE A LEED A L	CERTIFICATION	19a. DATE OF	OPERATION		19b. CON	DITION FO	R WHICH OF	ERATION	WAS PERFOR	RMED?				20. AUTOPSY			_	мож		
N O HE VI		UNDERLYING CONTRIBUTI	NG CAUSE		HOUR A	OF INJURY .M. MONT .M.		AR 21c.	HOW INJURY	OCCURRE	D (ENTER N	ATURE OF IN	JURY IN ITEM	18 PART 1	OR PART 2)	123		NO AL		
DIVISION THIS CERTIFIC WARDED TO PAGE 3 SHOU 21201 PRIOR	MEDICAL	21d. INJURY C	NOT WHILE AT WORK			E OF INJÚI ACTORY, FARM		21f. L	OCATION STREET			CITY OR TO	wn		COUNTY			STATE		
DIVI TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BATHMORE, MARYLAND, 21201 P		220. I certi death result ACTUAL SIGNATUR EXAMINER'S (TYPE OR PRIE	NAME TO	atural co	the remoins of ouses W	Acciden		Suicide [, Homi	Inspection cide	Undete	Inquiry Primined mo	AINER], D. S.	ATE 12	2-16	-19	83		
Bb 5≅5548 —	- 13		TION, REMOVA	1 23b. E	DATE 2/19/83	A Table			OR CREMATO		CITY	CATION DR TOWN	ler	Gar	county rett	- Ma	STATE	_		
DHMH - 17		UNERAL DIREC	19 Colum	199,	Din		WI COT	Tallit.	Ly Colli	25a. DATE	REC'D. BY	REGISTRA	R 25b RE		R'S SIGN		тут	alu		
(VR A15 ME (5))	D	urst Fi	ineral l				Mary]	and 2	21550	IFC 2	0 10	102	0.		20	. 64	6			



1/2	1 - :	OR STATE		M	DEPARTMENT O				ve ∆TH	3	3 3	1	9	
	1. DEC	REGISTRAR CEASED NAM ORPRINT)	E FIRST		WIDDIE		LASŤ		2a. DATE OF	KNOWN		Pays	YEAR 83	26 HOUR 9 30 F
Y, PLEASE	N SEX	ale	Nor A RACE White	TIS 5. DATE OF BIRTH MONTH DAY Aug. 1	YEAR LAST BIRT	YEARS IF UT		ER 24 HRS.	2c. DATE PRONOUI DEAL	NCED	MONTH 12	19 19	YEAR 83	24 HOUF
ECESSAR WIII	7a. Bli	RTHPLACE (S REIGN COUNTRY)			VHAT COUNTRY?	8. MARR	RIED INEVER MAR	_			OR COUNT			ME
PAGE S FILED		ry or town loomin	of DEATH gton Md.	11. NAME OF HO	SPITAL, NURSING HO.	S)		FOR	MOST OF WO	PATION IT	YPE OF WORK	12b. KIND OR IN Pape	DUSTRY	Υ
F ANY DE AND 3 TO RETAIN COLLD B	USUA 13a. S		(IF IN NURSING HOME OF 13b. COUNT Garr	R OTHER INSTITUTION, O	GIVE RESIDENCE BEFORE ADMI 13c. CITY OR TOWN Bloomin	SSION)	134 INSIDE CITY LIMITS?	13e. STF	REET ADDR	ESS	mingto	13	d	3
DEATH. II.		THER'S NAMI FIRST Norr	is	MIDDLE	Ravensc:		15. MOTHER'S MAI	_	E ,	MIDDLE		Roge		
IST., BALTIMORE, MD. 21201 HOURS AFTER DEATH. IF AN M. 18. GIVE PAGES 1, 2, AND NG WITH FORM PM. 3. RET. RMIT. PAGES 1, AND 2. NE. DIVISION DE VITAL INC. NE. DIVISION DE VITAL INC.	16a. V	S. NO, OR UNKNO	W. W	• 2	215-20-5		Mrs Hel	en Ra	vensc	addre				
		18. CAUSE C	EATH WAS CAUSED	BY: E CAUSE (a)	ne for (a), (b), and (c).) Coronary a		disease					APPRO BIT WEE	OXIMATE I	INTERVAL AND DEATH
XECUTED WITHIN 24 HO G". IN PROTOLI IN ITEM 1 GAL EXAMINER ALONG BURIAL:RANSIT PERMII AND MENTAL HYGIENE, ON, OR REMOVAL.			ins, if any, which ise to immediate	(b)	Arterio cl	erosis	s, general	ized		M			11	
S, 301 W. PREST RECUTED WITHIN 32" IN PENCIL IN BURIAL-RRANIER ND MENTAL HY NN, OR REMOVAI		lying car		(c)	R AS A CONSEQUENC									
ULD BE EXECUTED SET THE MEDICAL SED AS A BUILD REALTH AND CREMATION,	NO	PART 2 DTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE T	RMINAL DISEA	SE OR CONDITION GIVEN IN	PART I (a).						
DF VITAL RECORD ATE SHOULD BE E WORD "PENDIN HE CHIEF MEDI D BE USED AS A KENT OF HEALTH BURRED, CREMATI	CERTIFICATION		FOPERATION		DITION FOR WHICH OP	ERATION V	VAS PERFORMED?	, le	TAP			20. AUT	OPSY?	NO []
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI STIING THE WORD "PENDING" IN PENCIL IN ITEM 18 ROED TO THE CHIEF MEDICAL EXAMINER ALONG E 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT E DEPARTMENT OF HEATTH AND MENTAL HYGIENE, PRIOR TO BURIATH, CREMATION, OR REMOVAL.		UNDERLYING CONTRIBUTI	ING CAUSE OF D	HOUR A.	DF INJURY M. MONTH DAY YE M. 19	AR	NOW INJURY OCCUR	RED (ENTER	NATURE OF IN	JURY IN ITEM	18 PART I OR PAI	RT 2)		
DIVISION CERTICAL CONTROL CERTICAL CERT	MEDICAL	WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY (AT HOME, CTORY, FARM, ETC.)		STREET		CITY OR TO	NWC	COL	YTML		STATE
EXAMINER: T CERTIFICATE, UULD BE FORM DIRECTOR: P , WITH THE ST AARYLAND, 212		22a. I cert death result	1/	e af the remains d	escribed abave, held ar	Suicide Z	Hamicide TITLE (SPECIFY)	, Unde	Inquiry termined m		and in my ap],	inian		
TO MEDICAL EXAMINER: EXECUTE HE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTHORE, MARYLAND, 2		ACTUAL SIGNATURE EXAMINER'S	NAME Jan	es H. Fe	easter, Jr.	M.	A.D. DEPUTY	ME	oical exa		DATE SIGNE Daklan	12-1 d, Má		983
	23n.W	TYPÈ OR PRI	TION REMOVAL I		13r. NAME OF C	EMETERY C	ADDRESS	234, U	OCATION OR HOWN		cour		ETA	
DHMH - 17 (VR A15 ME (5)) 15M 7/76	24. F4	Bosl	Mexix	Service	Burno	The Control of the Co		TE REC'D, B	Vale YREGISTR	Joan	GISTRAR'S S		R	1

the transfer of the state of th 16 2 16 16 16 . d d d. d test The second of th Last Caracter Last Control of the Co

FOR - STATE

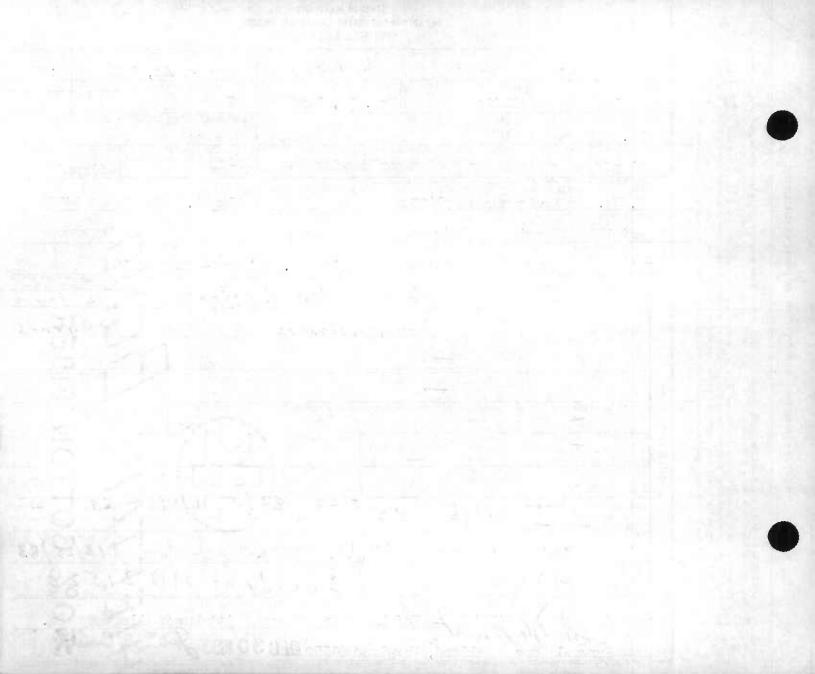
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 3 3

REGISTRAR		·	CLNIII	ICAIL OF DEATH	REG. N	10.		
I. DECEASED NAME	FIRST	MIDDLE		AST	2a DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR
	lter Jos	eph	K	odgers	December	25,	1983	5:20P M
3. SEX	4 RACE	1	DATE C		6. AGE (IN YEARS LAST 8	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
Male	White		Nov.	15, 1896 FAR	87	YRS	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FO	OREIGN 76. CITIZEN OF	WHAT COUNTRY? 8	AA A DDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
Pa.	USA	·	WIDOWE	DIVORCED	Garrett			MD
CITY OR TOWN OF DEAT				OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST		12b. KIND C	OF BUSINESS OR
Oakland	- 26			ursing Home	Clerk		Railro	oad
SUAL RESIDENCE HE NURSIN	NG HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AD	MISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		49	444
W. Va.	Pocohontas	Marlinton		YES NO X	Elk Rt.	-	14H - 2	4954
14. FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	
Daniel	Frank	Rodgers		Emma	NI DOLL		Dever	
160 WAS DECEASED EVER II	U.S. ARMED FORCES?	166 SOCIAL SECURIT	TY NO.	17. INFORMANT	ADD	ESS		
Yes	WW I	195-18-54	16	Walter F. Ro	dgers - sa	ne as		
18 CAUSE OF DEATH PART I, DEATH WA	(Enter only one couse per			1. 1	y . /		BETWEEN	MATE INTERVAL ONSET AND DEATH
	MMEDIATE CAUSE (a)	Cerebro	ová	scular Ho	CIDENT		12	hours
4360	DUE TO, O	R AS A CONSEQUEN	CE OF				120	
Conditions, if ony,	which (b)_	Ath.	ero:	sclerosis			20,	years
gove rise to imme couse (a), stating	the DUE TO, O	R AS A CONSEQUEN	CE OF					
underlying couse	lost (c)							
PART 2. OTHER SIGN	FICANT CONDITIONS CO	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	ADITION	GIVEN IN PART 10	01
<u> </u>								
190. DATE OF OPERATI	ON 19b. COND	ITION FOR WHICH OF	PERATIO	N WAS PERFORMED	20a AUTOPSY?		TIFYING CAUSES	
STIFE					YES NO		YES	NO [
		FINJURY M. MONTH DAY	VEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF IN)	JRY IN ITEM 1	8 PART I OR PART 2)	
(IF EITHER, NOTIFY MEDICA	OUL OI DENTIL	м. —	19					
OR CONTRIBUTING CA	D 21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FARM	. STC \	211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
WHILE NOT WHILL AT WORK	E	CELL, FACTORY, OFFICE, FARM	n, E1C)					31476
	t his hospital) attended th	- co		5/24 1982	_ to 12/	5	, 19 8 3	that (1) (wa) last
saw the deceased above, (f) (web) (di	d) (and not) view the body	25 19 8	3 , on	d that in (my) (exc) opinion d	eath accurred on the c	ote and h	our and from the	couses stated
22b. SIGNATURE				DEGREE			22c. DATE	SIGNED
WIVO	una	~~	M	ATTENDING PHYSICIAN	MEDICAL STA		12/	25/83
22d. PHYSICIAN'S NA/	ME (TYPE OR PRINT)	300		22e ADDRESS	1 2/	11	2	
IVAUI	THNN			Accid	entr	1	413	20
23a. BURIAL, CREMATION, R	TAD ALL JAYOME	23c. NA/	ME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
Cremation	1 A 12/27/	83 🖊 Bei	nhau	er Crematory	Pittsbur	gh Al	legheny	Pa.
24. FUNERAL DIRECTO	in 14x Un	ADDRESS		250. DATE	REC'D. BY REGIST A	25h REGI	STRAR'S IGNAT	LIRE
Durst Funera	al Home Oa	kland, Mar	ylan	d 21550 DEC 3	0 1903	Tunk	and and	2

DHMH - 16 50M 1/B1 (VRA 15, 4)



FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

1		REGISTRAR				REG. NO.									
1		EASED NAME	FIRST	٨	AIDDLE	i	AST		20 DATE OF DI	ATH MONTH	DAY	YEAR	26. HOUR		
	(TYPE OR PRINT) Edith		Alberta		SIMMONS			December 19, 198				1035A	м		
1	1. SEX			4. RACE		5. DATE OF BIRTH			6. AGE (IN YEAR			DAYS	IF UNDER 24 H	HRS	
П	Female		White		May 10, 1905			78	,	'RS.	DAIS	NOOKS N	104.		
ld.	Q. BIRTHPLACE (STATE OR FOREIGN			76. CITIZEN OF WHAT COUNTRY?		8 MARRIED NEVER MARRIED		RIED 🗆	9. BALTIMORE CITY OR COUNTY OF			OF DEATH			
	West Virginia			USA			WIDOWED DIVORCED X		Garr	ett				MD.	
1	10°CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING				ION	12a USUAL OCCUPATION 12b, KIND OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			F BUSINESS	OR		
	0ak1and			Cuppett	-Weeks N	ursing Home			Housewife H			ome			
5		L RESIDENCE (F N	13b COUN		GIVE RESIDENCE BEFOR				13e.STREET AD	DRESS / ZIP	CODE				
				rett Swanton					Rt. #1, Box 272			21561			
0	14 FATHER'S NAME FIRST MIDD			MIDDLE	LAST		15. MOTHER'S MAIDEN NA			MIDDLE			EAST		
				ranchen Simmon				У	Ellen		St.	Stieringer			
7		AS DECEASED EV		MED FORCES?	166 SOCIAL SECU		17. INFORMANT		10	ADDRESS					
		No			212-12-	8933	Mrs. Ev	elyn	R. Bera	dwater	, Smoo	ck,	Pa.154	.80	
					fine for (a), [b), or	dici.					-	BETWEEN	MATE INTERVAL ONSET AND DEA	TH	
	>	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)										4	Oh		
		4860 DUE TO, OR AS A CONSEQUENCE OF													
		Conditions, if ony, which (b)									-				
		couse (o), stoffing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF													
		(c)												_	
	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110													
	CERTIFICATION	19a DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH OPERATION WAS PERFORMED			D	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED				-		
	IFIC	N. Sales							YES NOW YES			NG CAUSES OF DEATH?			
	CERI	210. ACCIDENT WAS	UNDERLYING [21c HOW INJURY	Y OCCURRE				PART 2)			
		OR CONTRIBUTING [NIII.	M. MONTH D	AY YEAR									
	MEDICAL	21d INJURY OCC		21e. PLACE	OF INJURY		211. LOCATION			ITY OR TOWN	CC	YINUC	STATE		
	×	WHILE NO	WHILE WORK	(AT HOME, STR	EET, FACTORY, OFFICE,	ARM, EIC]			10						
		22a I certify that (I) (this baspital) attended the decreased from the 1900 to												lost	
		sow the deceased alive on												4	
		226. SIGNATURE DEGREE									22	te DATE	SIGNED		
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN										V	11/	1	
		22d PHYSICIAN'S			22e. ADDRESS								2		
				Johnson,	The second secon		311 N.				d, Md	. 2	1550		
		URIAL, CREMATIC					EMETERY OR CREA		23d LOCATION CITY OR		4000	4TY	STATE	E	
	04 5::		rial	12/2	2/83 Mt	. Zio	n Cemeter	Y	Kitzn	iller.	Garre	tt	Maryl	an	
		INERAL DIRECTOR			ADDRESS		. 01550	SELEVIE	TEOR TOO	ISTRAR 256 R	EGISTRAR'S	MENAT	URE J	3	
	Br	adley A.	2 tema.	rt Uak	iana, Ma	ryland	21550					1110	90	2	

DHMH - 16 50M 4/83 (VRA 15, 4)

Screenberg 10, 100 tell about the state of the state of the

Oakland, Marvland

21550

Bradley A. Stewart

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